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FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9305

To: Examiner M. Le
Group Art Unit 2167, USPTO

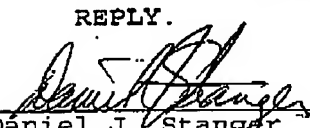
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 10/678,065
Attorney Docket No.: ASA-927-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL; AND
REPLY.


Daniel J. Stanger
Reg. No. 32,846

January 21, 2005

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Total Number of Pages (including cover sheet): 15

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FORM PTO-1083

PATENT

Case Docket No. ASA-927-02

In RE application of Y. INABA et al.

Serial No.: 10/678,065

Group Art Unit: 2167

Filed: October 6, 2003

Examiner: M. LE

For: METHOD AND SYSTEM FOR RETRIEVING A DOCUMENT AND COMPUTER
READABLE STORAGE MEDIUMRECEIVED
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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.☒ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total	* 11	Minus	** 21	= 0
Indep.	* 3	Minus	*** 3	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

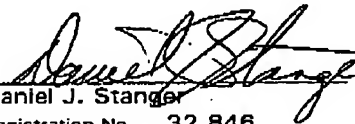
OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

* if the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** if the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, write '20' in this space.
 *** if the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.☐ A check in the amount of \$ _____ is attached in payment of:☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.☒ Any patent application processing fees under 37 CFR 1.17.☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120

By:


 Daniel J. Stanger
 Registration No. 32,846
 Attorney for Applicant(s)

Date: January 21, 2005

ASA-927-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Y. INABA et al

Serial No. 10/678,065

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

January 21, 2005

Sir:

In Reply to the Office Action mailed October 20, 2004,
please amend the above application as set forth below.